

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	Chest G		10-12-01
O.I.P.E. CLASSIFIER			10/20/01
FORMALITY REVIEW	DMW	751	11-14-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/12/01
2	✓	✓	10/10/01
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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If more than 150 claims or 10 actions  
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